

NEW CHOICES WAIVER PROGRAM INFORMATION AND REFERRAL

The New Choices Waiver Program is a Medicaid sponsored program designed to provide eligible Medicaid recipients residing in nursing homes the option of receiving long term care services in home and community based settings rather than institutional settings.

At the time of application, individuals applying for the New Choices Waiver must be:

- One month past their 21st birthday
- Receiving Medicaid reimbursed nursing facility care on an extended stay basis of 90 days or more; or
- Receiving Medicare reimbursed care in another type of licensed Utah medical institution that is not an institution for mental disease (IMD) on an extended stay of at least 30 days and will discharge to a Medicaid certified nursing facility for an extended stay of at least 60 days; or
- Receiving Medicaid reimbursed services through another of Utah's 1915(c) waivers and have been identified as being in need of immediate (or near immediate) nursing facility admission

The individual must not:

- Have a primary condition that is attributable to a mental illness
- Meet "Intensive Skilled" level of care criteria
- Meet level of care criteria for admission to an intermediate care facility for people with mental retardation (ICF/MR)

If you would like to apply for this waiver or if you would like to make a referral on behalf of someone else, please complete the New Choices Waiver Referral Form below. Mail or fax the complete Referral Form to:

New Choices Waiver
Long Term Care Bureau
Department of Health
PO Box 143101
Salt Lake City, Utah 84114
Fax: 801-323-1586

NEW CHOICES WAIVER REFERRAL FORM

Applicant Information

Applicant Name:	Application Date:
Date of Birth:	
Social Security Number:	
Medicaid ID:	
Admission Date:	

Current Location

Facility Name:		
Facility Address:		
City:	State:	Zip:
Current Location Phone:	Cell Phone:	Fax:

Referent Information

Referent Name:		
Referent Address:		
City:	State:	Zip:
Phone Numbers: Work:	Home:	Cell:
Relationship to Applicant:		

Contact Information

Use Applicant information: ☐ Use Referent Information: ☐

Contact Name:		
Contact Address:		
City:	State:	Zip:
Phone Numbers: Work:	Home:	Cell:
Relationship:		

How did you learn about this waiver?

If you have questions or would like further information please contact:
Kathleen Bowman at 538-6497 or Vicki Ruesch at 538-6148
Email newchoiceswaiver@utah.gov Fax 323-1586.